

Exhibit 10

Submit



Consumer Account Application

Bank Name: WELLS FARGO BANK, N.A.		Branch Name: SAN ANTONIO PE	
Banker Name: MARIA BREEN	Officer/Portfolio Number: B3421	Date: 07/03/2017	
Banker Phone: 210/856-3176	Branch Number: 02611	Banker AU: 0007213	Banker MAC: T7531-020

To help the government fight the funding of terrorism and money laundering activities, US Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

Product Name: Wells Fargo Everyday Checking	Account Number: [REDACTED] 4978	Product: DDA
Purpose of Account: [REDACTED]	Minor: [REDACTED]	CCID: 508
New Account Kit: Mailed/Delivered	Checking/Savings Bonus Offer Available: NO	

Related Customers

Customer Name: CHRIS PETTIT	Account Relationship: Sole Owner
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Statement Mailing Information

Customer(s) Listed on Statement: CHRIS PETTIT	Statement Mailing Address: 11 CHAMPIONS RUN	
	Address Line 2: [REDACTED]	
	City: SAN ANTONIO	State: TX
	ZIP/Postal Code: 78258-7719	Country: US



Customer 1 Information

Customer Name: CHRIS PETTIT			Street Address: 11 CHAMPIONS RUN		
Customer Number (EDN): 306403041138215			Address Line 2:		
Account Relationship: Sole Owner			Address Line 3:		
Taxpayer Identification Number (TIN): TIN Type: -9429 SSN		Date of Birth: 04/13/1967	City: SAN ANTONIO		State: TX
Primary ID Type: DLIC	Primary ID Description: 08569559		ZIP/Postal Code: 78258-7719	Country: US	Time at this address: Year(s) Month(s)
Primary ID S/Qty/Prov: TX	Primary ID Issue Date: 04/13/2013	Primary ID Expiration Date: 04/13/2019	Directional Address: (Document when no physical residence, business or alternate street address)		
Secondary ID Type: OTHER CC	Secondary ID Description: AMEX				
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date: 04/30/2020	Previous Street Address:		
Home Phone:	Business Phone: 210/732-8300		City:		State:
Current Employer: CHRIS PETTIT AND ASSOCIATE			ZIP/Postal Code:	Country:	Time at this address: Year(s) Month(s)
Check Reporting: NO RECORD			Country of Citizenship: US		

Customer Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open or maintain the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and the privacy policy (each may be amended from time to time) and agree to be bound by their terms. I also agree to the terms of the dispute resolution program described in the foregoing agreements. Under the dispute resolution program, our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.

Customer 1 Name

CHRIS PETTIT

Customer 1 Signature



- ☐ Submit manually
☐ Signature not required

Date:

07/03/2017

